

THIRTY-FIFTH ANNUAL REPORT

OF THE

SUFFOLK LUNATIC ASYLUM.

DECEMBER 1872.

1873.



Visiting Magistrates.

F. G. DOUGHTY, Esq. *Chairman.*

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BEDINGFIELD, REV. J.	PACKE, J. ESQ.
BENCE, H. A. S. ESQ.	PETTIWARD, R. J. ESQ.
BERNERS, C. H. ESQ.	PHILLIPS, W. P. T. ESQ.
BEVAN, W. R. ESQ.	POOLEY, REV. G. F.
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BURROUGHES, T. D'EYE, ESQ.	RODWELL, B. B. H. ESQ.
CHEVALLIER, DR.	ROUSE, ROLLA, ESQ.
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HENNIKER, THE LORD	THORNHILL, T. ESQ. JUN.
HUDDLESTON, P. ESQ.	WALFORD, CHARLES, ESQ.
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REPORT.

THERE is not much of a novel character in the Report for presentation to-day. It stands as follows:—

	Males.	Females.	Total.
Patients in the House, December 31, 1871.....	181	243	424
„ Admitted during 1872.....	46	73	119
	227	316	543
Discharged during 1872.....	22	41	63
Died „ „	27	33	60
	49	74	123
In the House this day	178	242	420

Admitted 14 less than last year.

Discharged 3 more „ „

Died 11 more „ „

There are now 4 patients less in the House than on this date last year.

In the summer months the demand for room was very great, the number of patients on the male side being 187, and on the female as high as 263. By the Report of to-day, it appears that by recent discharges and deaths the numbers have been reduced to 180 males, 241 females. Total 421.

Though several of the later admissions have not been of a very encouraging nature, as instanced by an old woman of 83 paralytic and blind and declared dangerous being sent in this week, still the patients have been throughout the year generally healthy. They are so now: and the mortality in the later months is attributable chiefly to senile infirmity, and to a form of epidemic catarrh, from which several very aged persons have sunk. It would be interesting to trace the history of epidemics in general, and to consider their

causes in the physical constitution of the earth and air, and what relation these causes bear to diseases in general, and to the minds of the insane in particular; how far our patients may be under the control of physical causes, wet and dry seasons, atmospheric changes, and perhaps the most important agents and the most difficult to ascertain, *electric* variations. With a population varying so frequently in numbers, as the case has been lately with the patients in the Asylum, and with its present capabilities and means, the only practicable mode of adoption has been to provide gradually for gradual increase: and this progressive course must continue, unless indeed more land could be bought, on which detached cottages could be inexpensively and advantageously built. The house is already large enough for domestic management: and it is a very doubtful question whether the size of some recent buildings is not a drawback on that *individual* oversight which must in every case be desirable to secure. Contrary to the expressed opinion of Commissioners originally given in regard to resident numbers under one roof, enlargements are still being compulsorily made in several Counties. In Surrey, the plans provide for additional accommodation for 100 males and 300 females at Brookwood, at an estimated cost of £55,000. At Wandsworth *fifty-one* single rooms, and other conveniences, at an estimated cost of £18,000. In Middlesex (Leavesden) plans and estimates were submitted for the reception of 1700 patients, at an estimated cost of £140,000. In West Kent, the entire cost for more than 11,000 patients, would be something less than £95 per patient, a result, the architects believe, which has never yet been obtained in County Asylum Buildings.

In the year 1857, the Superintendent was sent on an enquiring journey on the cost of additions to other Asylums, and he found the general average to be £60 a patient: £50 was considered a very low estimate *then*. As to the demands

distinguished by *now* and *then*, one can hardly enter into their gigantic calculations. The inexpensive additions here, have been made for associated dormitories: no single rooms; and with very little accommodation for the attendants and nurses. If all the requirements of the Commissioners are carried out, as named in their last report, very much beyond this must be done. Their suggestions *are* being acted on to a great extent now: but if the number of baths is to be increased, a more extended system of hot water supplied, gas introduced, the number of attendants increased, and a night-watch on each side kept, then certainly more comprehensive measures must be taken.

A circular has just been sent to the Clerk from White-hall, directing attention to the 14th section of the Lunatic Asylums' Act 1853, as amended by the Act 25 and 26, Vic. c. iii. sec. 5, "on additions, alterations, and improvements in Asylums," demanding plans, &c. to be sent to the Commissioners' Office. The notice lies upon the table. The alterations here have not been of sufficient magnitude to refer them to the Secretary of State, or to call for estimates and plans. The work hitherto done by home labour has been well done, and has answered its purpose. One important suggestion given at the last visit was made in regard to the water-supply to the bath rooms, that additional boilers with hot-water pipes should be provided. The only means of obtaining hot-water at night in case of emergency, is by keeping large kettles on the fires in the wards, a very slow and not altogether safe mode to depend on.

By the alterations in the old brew-house, with its worn-out coolers and coppers, provision has been made for twelve female patients, with a room for an attendant nurse: and a few more rooms may be obtained by the alterations still in progress, both on the male and female sides of the House. Two large rain-water tanks are a great boon to the heavily worked servants in the laundry: an extended covered way

has been made along the side of the left female airing court, and such of the materials of the brew-house as were considered available have been put into use. It is not easy to estimate the value of the patients' services in carrying these improvements out. In excavating the beer cellar, and converting it into a coal-cellar, (a want which had long been felt) their work was most summary, both of denudation and conversion. Had they been digging for Australian gold they could not have been more energetic. A comparison with ordinary labourers *must* be given in their favour: the latter might endeavour to lighten each his tale of bricks, and to carry them as short a distance as possible; but our "unsound" better minded labourers would put as many as they possibly could pile up together, and tug away with their heavier loads and with their lighter hearts. When a fire took place at an adjacent farm, 18 of them with their attendants rendered most efficient service; they were the acknowledged means of saving one stack of wheat, and cutting off the communication between the burning farm-buildings and the house. We have as usual to regret the loss by death of several of our most active men; and we feel the want of other labourers now too old and too infirm to work: their spirits are willing but their flesh is weak. Two of these men are well known to the Committee, and recognized in their usual visits. The one is an old man of *eighty*, who can now only give his approval or disapproval of what is going on by the significant glance of his inspecting eye. The other is the well known driver of the donkey: he is very ill, and most reluctantly obliged to commit his servant into the hands it is feared of a less indulgent master. This effort cost him much, and he struggled hard to remove any symptom of decrepitude that would intrude itself, either upon his friend or himself: "he could not make the poor beast hear" he said; and after sundry scientific modes of practice, he adopted what he was sure *must* succeed, he cut

out all the hairs of the inner ear. Though many, as the Superintendent himself, might envy the condition of this poor animal before the operation ; (*this happy donkey deaf to Reports*) there are few who would bear any proposed remedy so patiently as *he* did his.

Though a lengthened recital of daily Asylum life might be chiefly valuable to those who are immediately connected with it, certainly a Report which several inmates might write themselves could not be uninteresting. As a proof, an abridgement is made from one who gives his own graphic description of the harvest-home festival. It is headed, "Written in about seven days, by a patient recovering but still suffering much from divers injuries by many spirits." Each of his descriptive divisions is accompanied by expressions of gratitude. "*The procession, the harvest home tent or booth, the patients' gratitude, the friendly chat, the return home, the evening dance, the peep show, the singing, the cheering, the refreshment,*" closing with

"Ye gods on high with love divine,
As bright as stars cause them to shine."

This case of maniacal musing tells its own tale, and it is not a solitary proof of the condition of our inmates. One woman asked to be allowed to see *herself* in the peep show : and the request of another patient (a short man) was made with an urgency, which not every sane person would dare to make, "please sir, shew me up." The exhibitions of happiness or unhappiness are very various. One woman is delighted by carefully wrapping up little packets, containing as the usual amount, thirty millions of pounds, to present to her doctor every morning; and is equally pleased to earn a shilling for making a gown.. Another woman buys a wedding ring, but finding she has made a mistake, as her anticipated husband being very short, she is likely to have little children, wants to change it for one to present to a tall man where the result might be different. These

biographical records, as individual developments of heart and mind, give some insight into our daily life ; and they afford a proof that there is not altogether *discomfort* among us. It is not to trifle with or burlesque these proofs of internal quietude that they are introduced, but to show what is honestly representative of Asylum life associations among insane inmates.

In the desire to afford the utmost publicity, and to urge the utmost minute inspection, of every patient's state and condition, associations, and habits of life, it needs some caution to guard them against being subjected to visits of mere curiosity, from fantastic or frivolous motives. Sensitive feelings may be hurt by coarse observations. A patient suffering from religious melancholia, overheard an injudicious visitor give her a very indelicate cognomen. A painful impression was left upon her mind which it required some time to remove. When we feel as Christian men how little we can do in the service of God, by our efforts to show kindness to His afflicted poor, we may well be impressed with the sacred duty demanded of all those who have not only to guide the erring mind, but to guard the finer feelings. There is as much exquisite propriety and tenderness in applying to the sensitiveness of an insane mind, as to the sorrows of a penitent spirit, that glorious canon of truth itself, as well as of its Author, "a bruised reed shall He not break and smoking flax shall He not quench."

In one of the earliest Reports, read *more than thirty years ago*, the Superintendent expressed his resolve, that for the real welfare of those who were entrusted to his care *the non-restraint principle* should be consistently carried out, that constant employment should be actively promoted, and a liberal diet unreservedly secured. His continued efforts have been to keep this resolve in mind, endeavouring to follow the great intention of nature herself, to lead men in general out of a mere physical and animal state, into what

may truly be called a spiritual one, and to make *mind* predominate over matter. An asylum is a hospital for the *diseased*; the brain *alone* is the organ of the mind; and the brain is a very *jealous* organ, resisting any encroachment upon its guarded delicate treatment. This makes the subject of *diet* entirely a medical question: and the Superintendent feels it a duty which he owes to his own professional reputation, and to every patient under his care, to repeat his conviction frequently expressed, that of all economy dietetic economy is the very worst. Sir James Cox, the Scotch Commissioner in Lunacy, in his valuable address lately delivered before the Psychological Association in Edinburgh, after enjoining varied occupation and exercise in the open air as the great secret of successful treatment insanity, says, “purgatives, hypnotics, tonics, and narcotics, are useful as auxiliaries; but a comfortable meal is the best of sedatives.” Dr. Letheby has some valuable remarks on the proper arrangement of meals, the construction of dietaries, &c. &c. the main considerations being the due proportions of nitrogenous and carbonaceous matters.* We all know that the same food which contributes to the health or meets the decay of the body, gives energy or weakness to the mind (and this makes a Union-house dietary unfit provision for a hospital for the insane): and as morals are connected with sound principles of diet, the choice should be of those substances which give power without excitement, avoiding those which give excitement without power.

The indulgencies by extended walks beyond the walls have been continued as usual, and the amusements of the patients in various ways promoted. Singing classes are very effective, and it may not be altogether an inappropriate name, to call this Asylum a Musical House. Dr. Harris is

* Letheby on Food, p. 137.

a very able musician: and though there may be heard occasionally a jarring note among his pupils, all tends in some measure to show that they do agree with the opinion of Luther, "that the devil hates music; he can't stand it, for it drives away the evil spirit." David's harp has been said to have been effective not upon Saul alone, but to have exercised a powerful influence upon his own feigned symptoms of madness before the court of Achish, king of Gath.

When small-pox was in the neighbourhood, the Assistant Medical Officer vaccinated all the patients, and such of the attendants as were then in the House. We were kept free from that scourge: there has not been either infectious or contagious disease throughout the year.

In acknowledging his many obligations to Dr. Harris, the Superintendent cannot avoid a special reference to his Medical Case Book: it is a proof of his physiological research, and it is kept with scrupulous accuracy and care.

Your Superintendent in closing *this Report* is thankful that he can look with some gratification to a not altogether unsuccessful past; while he feels that it would not have been possible for him to have held this large Household together so long in unity with itself, if he had not been supported by an enlightened Magistracy, and an efficient staff. To the Committee he would renew his continued thanks, and to the officers, and attendants an acknowledgment individually and collectively of their valued services. It is well known to all Superintendents how very difficult it is to get, and still more difficult to retain, attendants capable of fulfilling their peculiarly harrassing duties: and it is no small gratification to see two superannuated men living in the village, after periods of 30 and 36 years spent in the service of the Asylum. If the Superintendent himself should be permitted as the Old Racer "to draw sand till the sand in the hour glass stands still," he must be reminded that the mind may have its misgivings before the body fails, and the fruits of

experience will lose their flavour in the reluctant feeling of longing for repose. Still trusting that nothing will interfere with that unity of action by which the welfare of the Asylum has been so long secured, he is confident that as too many of those who supported him in his earlier years are gone, so those who support him still in his advancing life, will not desert him at its close.

JOHN KIRKMAN, M.D.

TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1872.

	Male.	Female.	Total.
In the Asylum January 1st, 1872 -	181	243	424
Admitted for the first time during the year	31	47	78
Re-admitted during the year	15	26	41
	46	73	119
Total under care during the year	227	316	543
Discharged or removed—			
Recovered - - 18	35	53	
Relieved - - 3	6	9	
Not improved - - 1	1	1	
Died - - - 27	33	60	
	49	74	123
Total discharged and died during the year			
Remaining in the Asylum, 31st December, 1872, (inclusive of absent on trial—males and females) -	178	242	420
Average numbers resident during the year	182	248	430

TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1872.

	Male.	Female.	Total.
Persons admitted during the period of 44 years - - - - -	1687	2005	3692
Re-admissions - - - - -	170	214	384
Total of cases admitted - - - - -	1857	2219	4076
Discharged or removed—			
Recovered -	768	1059	1827
Relieved - -	166	199	365
Not improved	20	22	42
Died - - - -	725	697	1422
Total discharged and died during the 44 years - - - - -	1679	1977	3656
Remaining, 31st December, 1872 -	178	242	420
Average numbers resident during the 44 years - - - - -	114	143	257

TABLE III.—Showing the Causes of DEATH during the year
1872.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE:			
Apoplexy and Paralysis - - - - -	2	2	4
Epilepsy and Convulsions - - - - -	2	2	4
General Paralysis - - - - -	6	3	9
Maniacal, gradual and melancholic exhaustion or decay - - - - -	3	4	7
Inflammation and other diseases of the Brain, as softening, tumours, cancer, tubercle, effusion, &c. - - - - -		2	2
Atrophy of Brain - - - - -	1	1	1
THORACIC DISEASE:			
Inflammation of the Lungs, Pleuræ, and Bronchi - - - - -	1	1	1
Pulmonary Consumption - - - - -	3	3	6
Disease of the Heart - - - - -		3	3
Pulmonary Consumption and Acute Puerperal Mania - - - - -	1	1	1
ABDOMINAL DISEASE:			
Inflammation of the Stomach, Intestines, or Peritoneum - - - - -			
Dysentery and Diarrhœa - - - - -	2	2	4
Fever - - - - -		1	1
Erysipelas and Gangrene - - - - -		1	1
Cancer of Bladder - - - - -	1		1
General Debility and Old Age - - - - -	7	7	14
Suicide and Accidents - - - - -			
Dying when admitted - - - - -	1		1
TOTAL - - - - -	27	33	60

TABLE IV.—Showing the Length of Residence in those Discharged RECOVERED and RELIEVED, and in those who have DIED during the year 1872.

Length of Residence.	Recovered and Relieved.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - - -				2	4	6
From 1 to 3 months -	8	8	16	2	3	5
,, 3 „ 6 „ - -	3	12	15	2	3	5
„ 6 „ 9 „ - -	4	7	11	3	1	4
„ 9 „ 12 „ - -	1	2	3	4	2	6
„ 1 „ 2 years -	2	7	9	3	6	9
„ 2 „ 3 „ - -	1	4	5	3	1	4
„ 3 „ 5 „ - -	1		1	1	1	2
„ 5 „ 7 „ - -	1		1	3		3
„ 7 „ 10 „ - -	1	1	2	3	4	7
„ 10 „ 12 „ - -				1	2	3
„ 12 „ 15 „ - -				1	1	2
„ 15 „ 20 „ - -				1	1	2
„ 20 „ 30 „ - -					1	1
„ 30 „ 40 „ - -				1		1
TOTAL - - -	22	41	63	27	33	60

TABLE V.—Shewing the ADMISSIONS, DISCHARGES, and DEATHS; with
Admissions, for each Year.

YEARS.	Admitted.			Discharged.								
				Recovered.			Relieved.			Not Improved.		
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.		
From the opening of the Asylum to 31st Dec. 1865	1508	1727	3235	635	825	1460	139	164	303	17		
1866 - - - -	40	64	104	17	33	50	7	3	10			
1867 - - - -	55	70	125	20	29	49	2	1	3			
1868 - - - -	57	75	132	19	21	40	6	13	19			
1869 - - - -	45	62	107	18	36	54	4	8	12			
1870 - - - -	50	71	121	24	40	64	4	3	7	1		
1871 - - - -	56	77	133	17	40	57	1	1	2	1		
1872 - - - -	46	73	119	18	35	53	3	6	9	1		
TOTALS (44 years) and Averages -	1857	2219	4076	768	1059	1827	166	199	365	20		

TABLE VI.—Showing the History of the ANNUAL ADMISSIONS since the opening of the Asylum, with the number of Cases Discharged and Recovered, and the number remaining at the close of each Year.

YEAR.	Admitted.						Of each Year's Admissions Discharged and Remaining.					
	New Cases.			Relapsed Cases.			Recovered.			Relieved.		
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
From 1828 to												
1865 -	1393	1607	3235	114	121	2						
1866 -	38	63	104	2	1	1						
1867 -	48	55	125	7	15	1	1		2			
1868 -	49	58	132	9	16					1		1
1869 -	44	58	107	1	4	1	1		2			
1870 -	45	65	121	5	6	1	3	3	3	1	1	2
1871 -	39	52	133	17	25	8	15	23	1		1	1
1872 -	31	47	119	15	26	9	14	23		5	5	1
TOTAL.	1687	2005	4076	170	214	18	35	53	3	6	9	1

SUMMARY of the Total.

Per centage of Cases	Recovered -
“	Relieved
“	Not Improved
“	Dead -
“	Remaining

mean Annual Mortality and the proportion of Recoveries per Cent. of the Deaths on the opening of the Asylum.

Died.	Remaining 31st December, in each Year.			Average Numbers Resi- dent.			Per-centa- ge of Recoveries on Admissions.			Per-centa- ge of Deaths on Average Numbers Resident.		
	Male	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Mean.
553	506	1059	3956	4817	8773	3856	4687	8543	42	48	45	14
21	35	56	157	204	361	156	206	362	42	52	47	13
27	27	54	163	216	379	165	212	377	37	42	39.5	16
19	22	41	198	236	414	177	232	409	34	30	32	11
37	24	61	164	230	394	172	232	404	40	58	49	21
19	23	42	166	234	400	165	235	400	48	56	52	11
22	27	49	181	243	424	174	244	418	31	52	41.5	12
27	33	60	178	242	420	182	248	430	40	48	44	14.5
725	697	1422				5047	6296	11343				13.5
												14

ing of the Asylum, with the DISCHARGES and DEATHS, and the Numbers of the 31st December, 1872.

1872.	Total Discharged and Died of each Year's Admissions.										Remaining of each Year's Admissions 31st December.		
	Recovered.				Relieved.			Not Im- proved.			Died.		
d.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
9	16	659	873	1532	149	178	327	17	22	39	603	543	1146
1	1	15	26	41	6	2	8				18	28	46
2	2	19	27	46	2	1	3				23	31	54
1	2	20	28	48	3	4	7				21	31	52
1	3	11	27	38	2	7	9				22	19	41
6	7	20	30	50	3	1	4	1		1	11	26	37
4	11	15	34	49	1	1	2	2		2	15	13	28
9	18	9	14	23		5	5				9	9	18
3	60	768	1059	1827	166	199	365	20	22	42	722	700	1422
s.		Males.	Females.		Mean of both Sexes.								
-	-	41.31	47.71		44.52								
-	-	8.95	8.96		8.95								
-	-	1.09	0.99		1.03								
-	-	39.05	31.40		35.23								
-	-	9.60	10.94		10.27								
		100.00	100.00		100.00								

	Males.	Females.	Mean of both Sexes.
-	41.31	47.71	44.52
-	8.95	8.96	8.95
-	1.09	0.99	1.03
-	39.05	31.40	35.23
-	9.60	10.94	10.27
	100.00	100.00	100.00

DIET TABLE, December 31, 1872

The Gruel is made in the following proportions, *viz.*—10 lbs of Grapais to 6 gallons of Milk, for 100 P. i.e.

Soup is thickened with Peas, Pearl Barley, Rice, and Vegetables.

Tea 1lb. Sugar 4lb. Milk 3 gallons for 100 Patients
Fruit, rice, and vegetables.

The Patients employed both Male and Female labor.